

1 x 38 = 38
5 x 20 = 100
135
15
153

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10 / 539504

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13	1					
14		1				
15		1				
16	1					
17		1				
18		1				
19		1				
20		1				
21		1				
22		5				
23		5				
24		5				
25		5				
26		5				
27		5				
28		5				
29		5				
30		5				
31		5				
32		5				
33		5				
34		5				
35		5				
36		5				
37		5				
38		5				
39		5				
40		5				
41		5				
42	1	(1)				
43	(1)					
44	(1)					
45	1	(1)				
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1	1				
52		1				
53		1				
54	1					
55	1					
56	1					
57	1					
58		1				
59	1					
60		1				
61		1				
62		1				
63		1				
64		1				
65	1					
66	1					
67		1				
68		1				
69		1				
70		1				
71		1				
72		1				
73		1				
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	15					
TOTAL DEP.	135					
TOTAL CLAIMS	153					